

NOV 15 1937

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

791

1003

35626

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis, Mo. (d) Street No. Central Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary B. Eilenberger

(a) Residence, No. 5315 Gilson Avenue St. 15  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Eilenberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
52 6 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

13. NAME James Francis

14. BIRTHPLACE (CITY OR TOWN) Wales  
 (STATE OR COUNTRY)

15. MAIDEN NAME Ellen Cook

16. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

17. INFORMANT Wilbert Eilenberger  
 (ADDRESS) 5315 Gilson

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Oct. 2, 1937

19. FUNERAL DIRECTOR Beiderwieden Funeral Home,  
 (ADDRESS) 1936 St. Louis Avenue

20. 604 11937 J. Bredeck  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937, to Sept 29, 1937.

I last saw him alive on Sept 29, 1937. Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis with acute  
cardiac dilatation

Date of onset

Other contributory causes of importance:

During hypertension for  
years - carcinoma of  
pancreas - uterus

Name of operation hypertension Date of 9-29-37

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Wm. A. Knight, M. D.

(Signed) Wm. A. Knight  
 (Address) 6201 N. Broadway

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krispin, Licensed Embalmer No. 3497  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Felix J. Krispin  
Licensed Embalmer No. 3497

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**